

**CHILD ABUSE CENTRAL INDEX CHECK FOR
STATE LICENSED FACILITIES****Complete ALL items checked (✓)**

DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING
CAREGIVER BACKGROUND CHECK BUREAU
744 P ST., MS 19-62
SACRAMENTO, CA 95814

Include \$15.00 for each Child Abuse Central Index Check. (There is no exemption from this fee) Make check or money order payable to the Department of Justice.

**NOTE: APPLICANT/LICENSEE MUST SEND THIS FORM DIRECTLY TO DEPARTMENT OF JUSTICE,
P.O. BOX 903417, SACRAMENTO, CA 94203-4170.**

We are required by law to check the Child Abuse Central Index for all persons who apply for a license or seek employment in a child care or residential facility caring for children. Persons required to submit a fingerprint card for a child care facility (day or residential) must also fill out this form. Please complete the information below. The Licensee is responsible for submitting fingerprint cards and this form to the Department of Justice along with appropriate fees.

TYPE OR PRINT INFORMATION

✓ DATE SENT _____

| | | | |
|--|---------------------------------|------------------------|---------------------------|
| NAME: | LAST | FIRST | MIDDLE |
| ✓ | | | |
| DATE OF BIRTH — MO., DAY, YEAR | | SOCIAL SECURITY NUMBER | |
| ✓ | | ✓ | |
| List all other names you have ever used: | | | |
| MAIDEN NAME: | | NAME/AKA: | |
| ✓ | | | |
| NAME/AKA: | | NAME/AKA: | |
| ✓ | | | |
| CURRENT ADDRESS | STREET | CITY | STATE ZIP CODE |
| ✓ | | | |
| ✓ | FACILITY TELEPHONE NUMBER ✓ | | DRIVER'S LICENSE NUMBER ✓ |
| <input type="checkbox"/> MALE | <input type="checkbox"/> FEMALE | | |

✓ FACILITY NUMBER: _____

✓ FACILITY NAME: _____

✓ FACILITY ADDRESS: _____

| | | | |
|--------|------|-------|----------|
| STREET | CITY | STATE | ZIP CODE |
|--------|------|-------|----------|

✓ PERSONNEL TYPE OPTIONS

| | | |
|--|---|--|
| A <input type="checkbox"/> FACILITY ADMINISTRATOR/DIRECTOR | F <input type="checkbox"/> CERTIFIED HOME (FFA) | S <input type="checkbox"/> SPOUSE OF LICENSEE (Unless included as a licensee) |
| C <input type="checkbox"/> CORPORATION BOARD MEMBER | L <input type="checkbox"/> LICENSEE/APPLICANT | |
| E <input type="checkbox"/> EMPLOYEE | N <input type="checkbox"/> NONCLIENT ADULT RESIDENT | U <input type="checkbox"/> UNKNOWN |
| | P <input type="checkbox"/> PARTNERSHIP MEMBER | |

**FOR LICENSING OFFICE USE ONLY
FOR FOLLOW-UP ONLY**

Original Date Sent _____ Date Re-sent _____

FOR DEPARTMENT OF JUSTICE USE ONLY

The result of a name search in the Child Abuse Central Index is as follows:

- ☐ The subject of the attached report **MAY** be the same as the subject of your inquiry.
- ☐ No record on the above listed person.
- ☐ Too many possible matches to identify. See attached listing.